

# SAVA EYE EXAMINATION CERTIFICATE

## SAVV OOGONDERSOEKSERTIFIKAAT

F1078


Registered Name / Registrasienaam: Athenaich Isle of Skye  
 Reg. No. / Nr: ZA007945 B15 Tattoo / Chip No / Nr: FDXB05301000009506 Breed / Ras: Golden Retriever  
 Colour / Kleur: Golden Sex / Geslag: Male Date of Birth / Geboortedatum: 1/2/15

Owner's Name / Eienaar se Naam: Hine van der Hoven Tel: No / Nr: .....  
 Address / Adres: Suite 69, Private Bag X16, Postnet

Postal Code / Poskode: 7200  
 Owner's Veterinary Surgeon / Eienaar se Veearts: S. Waddingham Location / Plek: Hermanus

Previous Examination / Vorige Onderzoek Yes / Ja  No / Nee  Date: ...../...../..... Veterinarian / Veearts: .....  
 Result / Resultaat: ..... Normal / Normaal  Abnormal / Abnormaal

I hereby declare that the animal submitted today is the one described above. / Hiermee verklaar ek dat bogenoemde dier, die een is wat vandag ondersoek is

Signature / Handtekening:  Date / Datum: 15/7/16  
 (Owner, Agent / Eienaar, Agent)

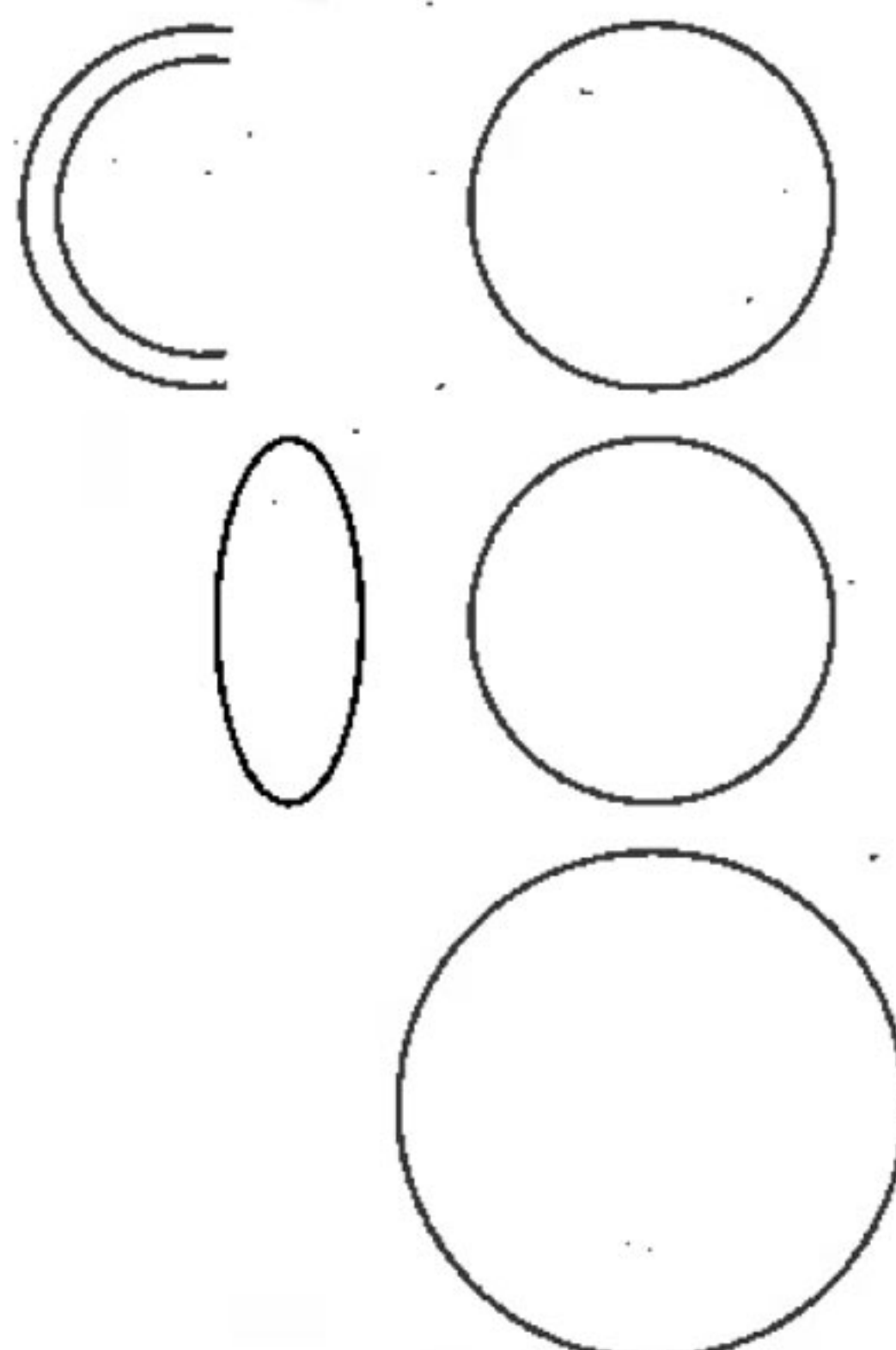
### EXAMINATION TECHNIQUE / ONDERSOEKTEGNIK,

OBLIGATORY / VERPLIGTEND: Mydriatic / Midriatikum  Biomicroscopy / Biomikroskopie   
 Ophthalmoscopy / Oftalmoskopie: Indirect / Indirek  Direct / Direk   
 OPTIONAL / OPSIONEEL: Tonometry / Tonometrie  Gonioscopy / Gonioskopie   
 Other / Ander: .....

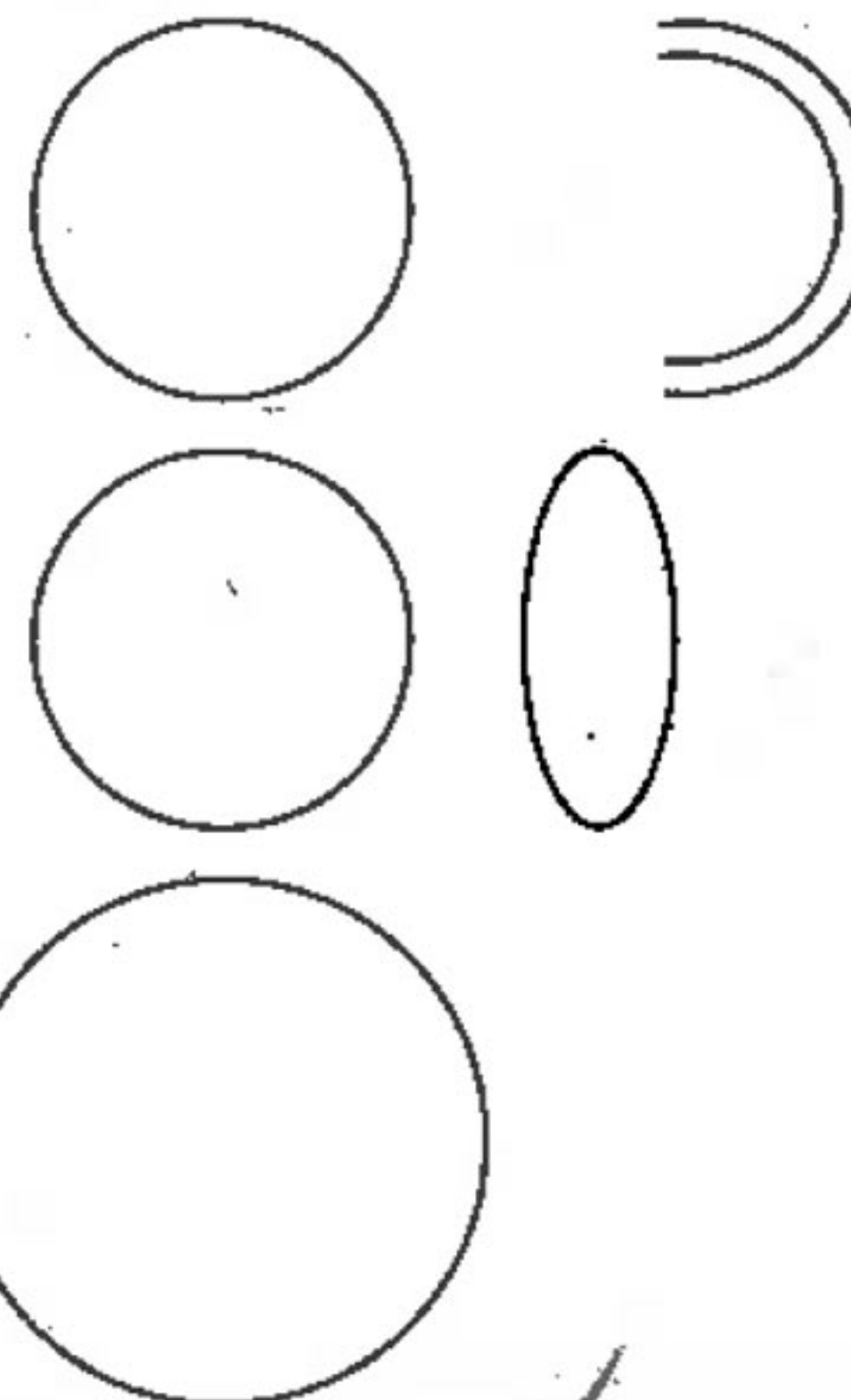
### RESULTS / RESULTATE

	Normal / Normaal	Presumed Inherited / Vermoedelik Oorerflik	Nature of Lesion / Aard van die Verandering
Lids / Ooglede	<input checked="" type="checkbox"/>		
Cornea / Kornea	<input checked="" type="checkbox"/>		
Iris	<input checked="" type="checkbox"/>		
Lens	<input checked="" type="checkbox"/>		
Vitreous / Glasliggaam	<input checked="" type="checkbox"/>		
Fundus	<input checked="" type="checkbox"/>		
Other / Ander			

Right / Regs



Cornea / Kornea




Left / Links

Lens

Fundus

Next Examination / Volgende Onderzoek: Annually / Jaarliks  Months / Maande

### RESULT OF THE EXAMINATION / RESULTAAT VAN DIE ONDERSOEK

Affected / Geaffekteerd  Unaffected / Nie Geaffekteerd  Undetermined / Onseker   
 Date / Datum: 15/7/16 Veterinarian's Name (Print) / Veearts se Naam (Drukskrif): S. Waddingham  
 Practice Tel: No: / Praktyk se Tel Nr: 021 461 1277 Signature / Handtekening: 

THIS CERTIFICATE IS ISSUED IN THE LIGHT OF CURRENT KNOWLEDGE, AND IS VALID FOR 12 MONTHS.  
 HIERDIE SERTIFIKAAT IS IN DIE LIG VAN VANDAG SE KENNIS UTGEREIK, EN GELD VIR 12 MAANDE.